

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026041

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No. 3006 Registrar's No. 410

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Columbia

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Univ. of Mo. Med Center

Inside limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Monroe

c. CITY OR TOWN

Holiday

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Rt. 2

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Thomas

Ditzler

Milner

4. DATE OF DEATH

Month

7

Day

19

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

3-4-00

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Monroe, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Frank Milner

13b. MOTHER'S MAIDEN NAME

Lula Hobson

14. NAME OF HUSBAND OR WIFE

Ruby Elsbek Milner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Columbia and Univ. of Mo. Med Records med center

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Arrest

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

RHEUMATIC VALVULAR HEART DISEASE

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-16-62 to 7-19-62 and last saw her alive on 7-19-62

Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ireland U. Palmer

22b. ADDRESS

Univ. of Mo. Med Center

22c. DATE SIGNED

7-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-22-62

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn

23d. LOCATION (City, town, or county)

Woodlawn Shelby MO

24. FUNERAL DIRECTOR

Borchert & Davis

ADDRESS

Shelburne Mo

25. DATE RECD. BY LOCAL REG.

July 20 1962

26. REGISTRAR'S SIGNATURE

Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

10109

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry A. Barkshire

Licensed Embalmer No. 3835

P. O. Address Shelburne Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.